[redacted]
Teterboro, New Jersey 0760[illegible]070
201-393-5000
800-631-1390 Client Service

Laboratory Report

RAYMOND [illegible], M.D. PAUL [illegible], M.D.
JOSEPH E. O'BRIEN, M.D. CHARLENE S. POLAN, M.D.

Patient Name	Date Drawn	Date Received	Date of Report
CLACKLER, DEBRA	G1910NOT GIVEN	06/22/93	06/27/93

Sex	Age	Client Name / Address	I.D. Number	Account Number
F	38 AM	TUTWILER PRISON FOR WOMEN AM RT#1 BOX 33 1400 HWY 23IN WETUMPKA AL 36092		40599 2

Referring Physician: 159516
Patient I.D./Soc. Sec Number

C.L.I.A. # 31D0696246
Specimen Number: 418452
Time Drawn:

TEST NAME	RESULT ABNORMAL NORMAL	UNITS	REFERENCE RANGE
* CULTURE, G.C., GENITAL			
CULTURE WAS NEGATIVE FOR NEISSERIA GONORRHOEAE. PLEASE REVIEW THE NEGATIVE RESULTS WITH CAUTION. A TRANSTUBE WAS RECEIVED AND IS NOT THE OPTIMAL TRANSPORT MEDIA FOR N. GONORRHOEAE. PLEASE USE A JEMBEC PLATE IN THE FUTURE.			
* MICROBIOL. CALL TEST			
INSTRUCTIONS ON THE REQUISITION ACCOMPANYING THIS SPECIMEN DID NOT INCLUDE A TEST NUMBER AND/OR WERE NOT CLEAR. EVALUATION OF YOUR ORDER BY A MANAGER WAS REQUIRED. THIS HAS RESULTED IN A DELAY IN PROCESSING. IF YOU HAVE ANY QUESTIONS OR CONCERNS, PLEASE CALL THE MICROBIOLOGY DEPARTMENT AT 800-852-5783.			

6-29-93

Published 1992, Revised 12/92

Teterboro, New Jersey 07608
201-393-5000
800-631-1390 Client Service

Laboratory Report

JOSEPH E. O'BRIEN, M.D.
CHARLENE S. POLAN, M.D.

Patient Name: CLACKLER, DEBRA

00515

Date Drawn: NOT GIVEN

Date Received: 06/22/93

Date of Report: 06/26/93

Sex: F

Age: 38

AM

Client Name / Address:
TUTWILER PRISON FOR WOMEN AM
RT#1 BOX 33 1400 HWY 23IN
WETUMPKA AL 36092

I.D. Number:

Account Number: 40599 2

Referring Physician: 159516

Patient I.D./Soc. Sec Number

C.L.I.A. # 31D0696246

Specimen Number: 28606R

Time Drawn:

TEST NAME
CYTOLOGY-FEM GENITAL
RECEIVED 1 SLIDE(S) WITH PATIENT IDENTIFICATION

- FINDINGS

SPECIMEN ADEQUACY
SATISFACTORY FOR INTERPRETATION.
ENDOCERVICAL COMPONENT (COLUMNAR AND/OR METAPLASTIC CELLS) SEEN.

GENERAL CATEGORIZATION
WITHIN NORMAL LIMITS: EPITHELIAL
* EVIDENCE OF INFECTION: SEE COMMENT(S) *

DESCRIPTIVE COMMENT(S)
(MICROORGANISMS)
NO TRICHOMONAS PRESENT.
* CANDIDA SPECIES ARE PRESENT. *

OTHER COMMENT(S)
NUMEROUS WHITE BLOOD CELLS PRESENT.

CYTOTECHNOLOGIST: MARLENE DANIELS, C.T. (ASCP) SUPV.

6.29.93

Published 1992. Revised 12/92

201-393-5000
800-631-1390 Client Service

Laboratory Report

PAUL A. KRIEGER M.D.
CHARLENE S. POLAN M.D.

Patient Name: BLACKLER, DEBRA

Requisition: E1903NOT GIVEN

Date Collected: 06/22/93

Date Reported: 06/27/93

Sex: F Age: 38 AM

Client Name and Address: TUTWILER PRISON FOR WOMEN AM
RT#1 BOX 33 1400 HWY 23IN
WETUMPKA AL 36092

I.D. Number:

Account Number: 40599 2

CLIA #: 31D0656246

Referring Physician: 159516

Patient I.D./Soc. Sec. Number:

Specimen: 418452

Time Drawn:

TEST NAME	RESULT ABNORMAL NORMAL	UNITS	REFERENCE RANGE
* CULTURE, G.C., GENITAL			

CULTURE WAS NEGATIVE FOR NEISSERIA GONORRHOEAE. PLEASE REVIEW THE NEGATIVE RESULTS WITH CAUTION. A TRANSTUBE WAS RECEIVED AND IS NOT THE OPTIMAL TRANSPORT MEDIA FOR N. GONORRHOEAE. PLEASE USE A JEMBEC PLATE IN THE FUTURE.

* MICROBIOL. CALL TEST

INSTRUCTIONS ON THE REQUISITION ACCOMPANYING THIS SPECIMEN DID NOT INCLUDE A TEST NUMBER AND/OR WERE NOT CLEAR. EVALUATION OF YOUR ORDER BY A MANAGER WAS REQUIRED. THIS HAS RESULTED IN A DELAY IN PROCESSING. IF YOU HAVE ANY QUESTIONS OR CONCERNS, PLEASE CALL THE MICROBIOLOGY DEPARTMENT AT 800-852-5783.

6-28-93

Published 1992, Revised 12/92

MetPath
One Malcolm Avenue
Teterboro, New Jersey 07070
201-393-5000
800-631-1390 Client Service

Clinical Laboratory Report

RAYMOND C. [illegible], M.D.
JOSEPH E. O'BRIEN, M.D.
PAUL J. RIEGER, M.D.
CHARLENE S. POLAN, M.D.

Patient Name: CLACKLEY, BEIRA

10522 Date Drawn: 06/13/93

Date Received: 06/15/93

Date of Report: 06/18/93

Sex: F Age: 30 AM

Client Name / Address: TUTWILER PRISON FOR WOMEN AM
STAT PCK 33 140E HWY 231
WETUMPKA AL 36092

I.D. Number:

Account Number: 40599 2

C.L.I.A. # 31D0696246

Referring Physician: 159514

Specimen Number: 273244 Time Drawn: 1154

Patient I.D./Soc. Sec Number

	TEST NAME	RESULT ABNORMAL	RESULT NORMAL	UNITS	REFERENCE RANGE
	COMPLETE BLOOD COUNT				
	WBC		7.2	THOUS./CU.MM	3.90-11.4
	RBC		4.01	MIL./CU.MM	3.90-5.40
	HGB		13.2	GM/DL	11.8-15.7
(01)	HCT		41.4	PERCENT	35.0-47.0
(01)	MCV	104.0		FL	83.0- 103
(01)	MCH		32.9	PG	26.0-33.0
(01)	MCHC		31.9	PERCENT	31.0-37.0
	RDW		15.2	PERCENT	12.0-16.2
(02)	PLATELET COUNT		351.0	THOUS./CU.MM	140- 440
	DIFFERENTIAL				
	POLY (60.4 PCT)		4343	CU.MM	1650-8330
	LYMPH (31.5 PCT)		2263	CU.MM	1049-3591
	MONO (6.4 PCT)		460	CU.MM	61.0- 929
	EOS (0.4 PCT)	2A		CU.MM	40.0- 423
	BASO (1.0 PCT)		72	CU.MM	10.0- 148
	SEROLOGY (A-PT)		NONREACTIVE TITER		NON-REACT
(03)	HIV-1 AB. CONFIRM. NEGATIVE BY WESTERN BLOT FOR DETECTION OF HIV-1 SPECIFIC BANDS.				

(01) THE HEMATOCRIT AND RED BLOOD CELL INDICES MAY HAVE BEEN AFFECTED BY THE EXTENDED TIME BETWEEN SPECIMEN DRAWING AND RECEIPT IN THE LABORATORY.

(02) RESULTS MAY BE AFFECTED IF THE TIME LAPSE BETWEEN SPECIMEN DRAWING AND TESTING IS PROLONGED. PLEASE NOTE THE DATE DRAWN AND DATE RECEIVED.

CONTINUED ON PAGE 2

MetPath
One Malcolm Avenue
Teterboro, New Jersey 07608
201-393-5000
800-631-1390 Client Service

Clinical Laboratory Report

RAYMOND [illegible], M.D.
JOSEPH E. O'BRIEN, M.D.
PRISCILLA [illegible], M.D.
Charlene Polan, MD
CHARLENE S. POLAN, M.D.

Patient Name: CLACKLEY, DEBRA

10522 Date Drawn: 06/13/93

Date Received: 06/15/93

Date of Report: 06/18/93

Sex: F Age: 38 AA

Client Name / Address: TUTWILER PRISON FOR WOMEN AM
PTA1 BOX 33 1400 HWY 231 N
WETUMPKA AL 36092

I.D. Number:

Account Number: 40599 2

Referring Physician:

Patient I.D./Soc. Sec Number: 159510

C.L.I.A. # 31D0696246

Specimen Number: 273244

Time Drawn: 1154

PAGE 2*** CONTINUED FROM PREVIOUS PAGE ***

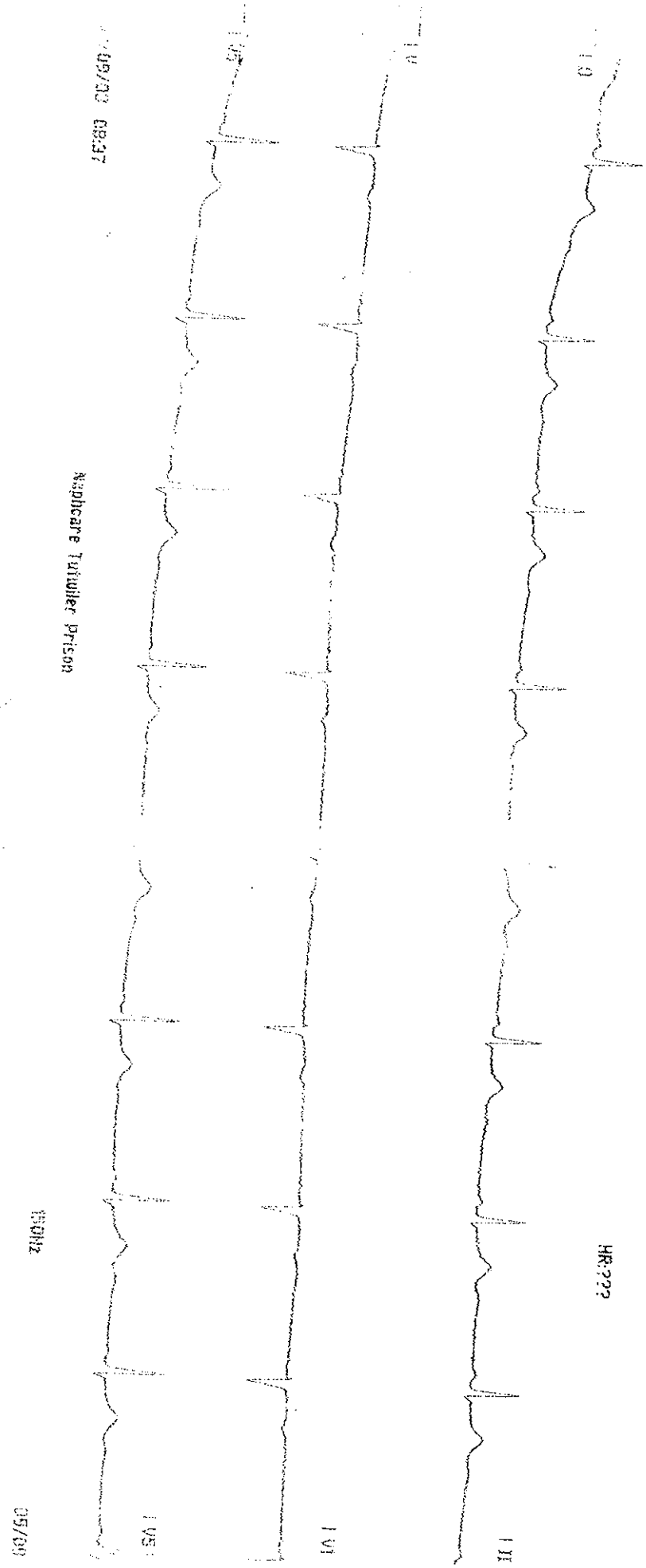
(03) THESE INTERPRETATIVE CRITERIA ARE BASED ON RECOMMENDATIONS FROM THE CENTERS FOR DISEASE CONTROL (CDC) WHICH WERE TAKEN FROM THE FOURTH CONSENSUS CONFERENCE ON HIV TESTS BY THE ASSOCIATION OF STATE AND TERRITORIAL PUBLIC HEALTH LABORATORY DIRECTORS, MARCH 1989 (SEE MMWR 1989; 38 (RR. S-7 (1-7).

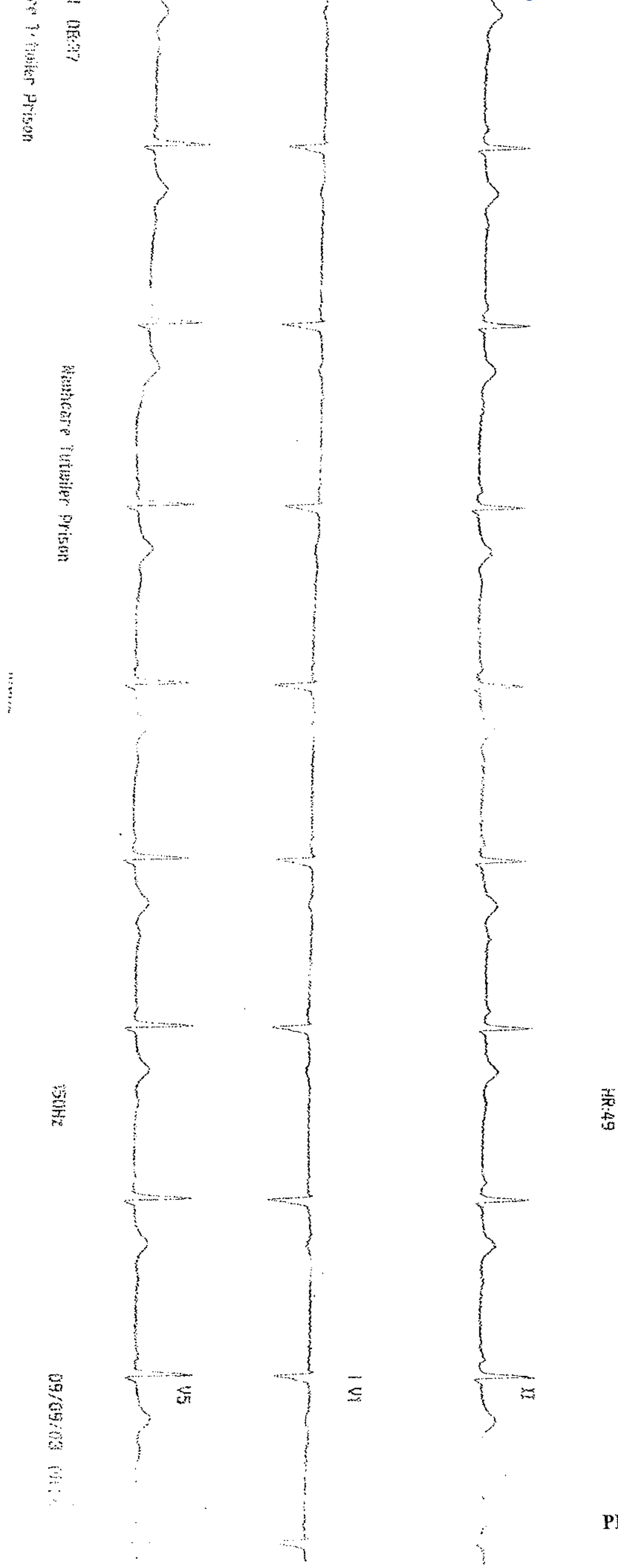
IT IS RECOMMENDED THAT ALL TEST RESULTS BE RELAYED TO THE PATIENT ONLY BY PHYSICIANS OR PERSONNEL SUITABLY TRAINED TO COUNSEL THE INDIVIDUAL AS TO THE SIGNIFICANCE OF THE REPORT.

STATE REGULATIONS REQUIRE THE ASSURANCE OF PATIENT CONFIDENTIALITY WITH REGARD TO HIV TESTING. IF THIS SPECIMEN WAS NOT SUBMITTED ENCODED, THE CONFIDENTIALITY OF THE TEST RESULTS CANNOT BE ASSURED. IT IS STRONGLY RECOMMENDED THAT SPECIMENS FOR THIS TEST BE SUBMITTED WITH A PATIENT IDENTIFICATION CODE ONLY.

I V4
I V5
I V6
I aVR
I aVL
I aVF
I III
Vent rate: 49 P-QRS-T axes: 61 32 45
PR int: 134 QRS dur: 88 QT/QTc: 444/411
ID: ? Jin Jib
Meds:
Nephcare Tuscaloosa Prison
150Hz 45268 325 05.03

Brady


05/09/09 08:37
Medicare Tumbler Prison
150Hz
HR 222
I
II
V1


V5
V1
II
HR:49

Kilby
V5
A1
II
HR50

HEWLETT PACKARD

REORDER HP M1707A

150516

01/13/1989 07:53:43 PM CLACKLER DEBRA

81 - 96/162 P-58 R-20 T575

ADC157

PHS0356

SOUTH ATLANTA RADIOLOGY ASSOCIATES, P.C.

P.O. Box 961930
119 Upper Riverdale Rd.
Riverdale, GA 30296-1930
(770) 991-1010 Fax: (770) 997-8242

PT.: Clacker, Debra
GD159516 XRAY#:
DOB: 11/26/1954
EXAM DATE: 12/06/2005 SSN:
GLOBAL EXAM LOCATION:

U/S Global Diagnostics
2504 Beech Tree Ct SW
Conyers, GA 30094
(770)602-0502 PHONE:

PROCEDURE(S) PERFORMED: Ultrasound Pelvic

PELVIC ULTRASOUND:

Findings: Uterus measured 9.3 x 7.8 x 6.0 cm. Endometrium measured approximately 11 mm in thickness. Hypoechoic lesions involve the myometrium. In the fundus, there is a dominant lesion measuring up to 2.8 cm. Posteriorly in the body, there are two lesions, both of which measure up to a maximum of 2.4 cm.

Right ovary measured 1.5 x 1.5 x 1.0 cm. Left ovary measured 1.7 x 1.7 x 0.7 cm. No free fluid or mass was otherwise identified.

IMPRESSION:
FIBROID UTERUS WITH THREE LESIONS DEMONSTRATED AS DESCRIBED.

ELH

Elizabeth L. Hadley, M.D.
Signature on file
DATE/TIME GENERATED: 12/13/2005 / 12:23:07
TECH/TRANS: OT/sw

1-047B

HCX

HEALTHCARE CORRECTIONS

RADIOLOGY SERVICES REQUEST AND REPORT

AM Factory

INSTITUTION: John Tutwiler Prison

Name: Clackler, Dennis

State ID No: 159 516

DOB 11/26/54

Race: W Sex: F

NOTE: PERTINENT CLINICAL INFORMATION AND TENTATIVE DIAGNOSIS MUST BE PROVIDED FOR X-RAY EXAMINATION TO BE PERFORMED

Requesting Physician/PA/NP	Date of request	Time of request	Routine	Priority	Transportation or special needs
Williams					

HISTORY/DIAGNOSIS:

KUB constipation

X-RAY REQUEST

X	ABDOMEN/KUB		FINGERS		NAVICULAR VIEW		SOFT TISSUE STUDIES
	ACROMIO-CLAVICULAR JOINTS (W/WO WEIGHT)		FOOT		ORBITS		STERNUM
	ANKLE		HAND		OS CALCIS (HEEL)		TEMPORO-MANDIBULAR JOINTS
	CERVICAL SPINE		HIP		PELVIS		THORACIC SPINE
	CHEST PA / LATERAL		HUMERUS		RADIUS/ULNA		TIBIA/FIBULA
	COCCYX		KNEE		RIBS		TOES
	CONE DOWN SELLA TURCICA		LUMBAR SPINE		SACRO-ILIAC JOINTS		WRIST
	ELBOW		MANDIBLE		SCAPULA		ZYGOMA
	FACIAL BONES		MAXILLA		SHOULDER		ZYGOMATIC ARCH
	FEMUR		NASAL BONES		SKULL		

Clackler

REPORT

ABDOMEN: Surgical clips are seen in the right upper quadrant. The bowel gas pattern is unremarkable. There is no evidence of obstruction or unusual intra-abdominal calcifications. If symptoms persist, follow-up would be recommended.

D & T: 08-04-05 Maurice H. Rowell/rr Board Certified Radiologist (Signature on File)

8/5/05 MW

J Kesheth RT

X-RAY TECHNOLOGIST'S NAME (PRINT) | X-RAY TECHNOLOGIST'S SIGNATURE | 8-3-05 DATE, TIME EXAM PERFORMED

RADIOLOGIST'S NAME (PRINT) | RADIOLOGIST'S SIGNATURE | DATE SIGNED

PHS0358

ELMORE COMMUNITY HOSPITAL
PO BOX 130
WETUMPKA, AL 36092

COPY

RADIOLOGY REPORT

PATIENT NAME: CLACKLER DEBRA
PATIENT DOB: 11/26/1954
PATIENT NUMBER: 308499 PATIENT MR#: 051447
PATIENT SS#: 417-80-9985 X-RAY #: 60191
ADMITTING PHYSICIAN: ENGLEHART
FAMILY PHYSICIAN:
PATIENT ROOM: OP

REASON FOR EXAM: ROUTINE

PROCEDURE: MAMMOGRAM DATE: 07/01/05

Craniocaudal and mediolateral oblique views of both breasts were obtained.

The breast parenchyma is very dense with no dominant masses or clusters of suspicious microcalcifications noted. Benign calcifications are noted bilaterally.

IMPRESSIONS:

Benign findings, as described above. Continued annual screening is recommended.

BI-RADS Category II – Benign findings.

Approximately 15% of breast cancers will not be identified by mammography. It is important that a negative radiographic study does not exclude the possibility of malignancy, particularly in the presence of a palpable mass.

Evaluation of the breast for tumor will be enhanced by correlating radiographic findings with physical findings. We, therefore, urge regular breast self-examination and examination by a physician.

Craig Lyles, M.D.

CL/bfw
D: 07/06/05
T: 07/06/05

HEALTHCARE CORRECTIONS

RADIOLOGY SERVICES REQUEST AND REPORT

INSTITUTION: Tutwiler

State ID No: 159516

DOB 11-26-54

Race: W Sex: F

NOTE: PERTINENT CLINICAL INFORMATION AND TENTATIVE DIAGNOSIS MUST BE PROVIDED FOR X-RAY EXAMINATION TO BE PERFORMED

Requesting Physician/PA/NP	Date of request	Time of request	Routine	Priority	Transportation or special needs
Dr. Englehart	4/4/04				

HISTORY/DIAGNOSIS: +PPD

X-RAY REQUEST

	ABDOMEN/KUB		FINGERS		NAVICULAR VIEW		SOFT TISSUE STUDIES
	ACROMIO-CLAVICULAR JOINTS (W/WO WEIGHT)		FOOT		OBLIQUES		STERNUM
	ANKLE		HAND		OS CALCIS (HEEL)		TEMPORO-MANDIBULAR JOINTS
	CERVICAL SPINE		HIP		PELVIS		THORACIC SPINE
V	CHEST PA / [redacted]		HUMERUS		RADIUS/ULNA		TIBIA/FIBULA
	COCCYX		KNEE		RIBS		TOES
	CONE DOWN SELLA TURCICA		LUMBAR SPINE		SACRO-ILIAC JOINTS		WRIST
	ELBOW		MANDIBLE		SCAPULA		ZYGOMA
	FACIAL BONES		MAXILLA		SHOULDER		ZYGOMATIC ARCH
	FEMUR		NASAL BONES		SKULL		

REPORT

Clecker Debra

Chest: The heart is not enlarged. There are calcifications secondary to old healed granulomatous disease. The lungs are otherwise clear.

IMPRESSION: THERE ARE CALCIFICATIONS SECONDARY TO OLD HEALED GRANULOMATOUS DISEASE. THE CHEST IS OTHERWISE UNREMARKABLE.

D: & T: 04-11-05 Howard P. Schiele, M.D./jhl Board Certified Radiologist (Signature on file)

J. Kerbet RT

X-RAY TECHNOLOGIST'S NAME (PRINT) | X-RAY TECHNOLOGIST'S SIGNATURE | 4-8-05 DATE, TIME EXAM PERFORMED

RADIOLOGIST'S NAME (PRINT) | RADIOLOGIST'S SIGNATURE | DATE SIGNED

MI-3030 (REV. 12/95) WHITE-CHART COPY; CANARY-PHYSICIAN'S COPY; PINK-FILE COPY

PHS0360

Advanced Medical Imaging Center

SAMUEL ENGELHARDT, MD 04-22-03
8966 US HIGHWAY 231
WETUMPKA, AL 36092

RE: CLACKLER, DEBRA
DOB: 11-26-54
PATIENT NO: 62992
EXAM: BILATERAL MAMMOGRAM 04-22-03
REASON FOR EXAM: FIBROCYSTIC BREAST/PAIN/NEEDS FOLLOW-UP MAMMOGRAM

BILATERAL MAMMOGRAM:
Comparison is made to a mammogram dated 23 September 2002. The breasts are extremely dense, limiting sensitivity of the study. I see no interval development of a dominant mass, cluster of malignant appearing calcifications, or area of architectural distortion. A few benign appearing calcifications are seen.

IMPRESSION:
No mammographic evidence of malignancy. Recommend routine mammographic follow-up unless clinically indicated sooner. ACR CAT. II (benign).

EP VINING, MD

EPV/ lgh

525 S. Lawrence Street • P.O. Box 4117 • Montgomery, AL 36103 • 334/262-7226
Toll Free 1-800-844-SCAN

RIVERVIEW RADIOLOGY ASSOCIATES, P.C.
P.O. BOX 1687
GADSDEN, ALABAMA 35902-1687

DIAGNOSTIC RADIOLOGIC SERVICES PROVIDED AT: Tutwiler Correctional Facility

PATIENT NAME: CLACKER, DEBRA
DOB/AGE: 11-26-54
ID NUMBER: 159516

PHYSICIAN:

DATE OF EXAMINATION: 11-5-02

INDICATION FOR STUDY: breast mass

BILATERAL BREAST ULTRASOUND SCAN: Axial and sagittal real-time and hard-copy ultrasound views were performed for each breast.

Small cystic changes are noted in both breasts. The largest of these on the right measures approximately 5mm and is in the eleven o'clock position. On the left, there is approximately a 4 X 5mm cyst in the one o'clock position and 4 X 6mm cyst at three o'clock. Underlying fibroglandular changes are echogenically unremarkable otherwise.

OPINION: SMALL CYSTS BILATERALLY WITHOUT SIGNIFICANT ABNORMALITY OTHERWISE IDENTIFIED.

KENNON H. HAGER, M.D.
RADIOLOGIST

D: 11-6-02
T: 11-6-02
TRANSCRIPTIONIST: KP

Advanced Medical Imaging Center

US Diagnostics, Inc.

MR#
Ex.Dt. 09/23/2002
F 47 DOB: 11/26/1954
CLACKER DEBRA
ADVANCED MEDICAL IMAGING
525 SOUTH LAWRENCE STREET
MONTGOMERY, AL 36104
Appt. Type: C4MM 334-262-7226

Address _____

_____

_____

62992

We wish to report the following on your mammography examination. A report will be sent to your referring physician or other health care provider.

☒ **Normal/Negative.** No evidence of cancer.

☐ **Probably benign (not cancer).** Recommended repeat mammogram -6 months.
- Please call your referring physician for an appointment and referral slip.

☐ **Additional imaging studies** are needed to complete evaluation, such as an ultrasound or additional mammographic views.
- Please call your referring physician for an appointment and referral slip

☐ **Previous films needed.** There is a finding on your mammogram that needs to be compared to previous mammograms.

☐ **Abnormal.** There is a finding on your mammogram that requires further tests for a more thorough evaluation. You should contact your physician or other health care provider as soon as possible (if you have not already done so).

Interpreting Radiologist:

☒ E. Vining, M.D.
☐ R. Eichelberger, M.D.
☐ C. Reich, M.D.
☐ R. Vanbergen, M.D.
☐ R. Snow, M.D.
☐ M. Goddard, M.D.

American Cancer Society Guidelines for Screening Mammography

- Annual Breast Examination by a physician or other healthcare provider
- Annual Mammography Screening beginning at age 40
- Monthly Breast Self Examination

Should you develop a lump or any changes in your breast before your next screening mammogram, contact your physician or other healthcare provider for an exam without delay.

Advanced Medical Imaging Center

US Diagnostic, Inc.

SAMUEL ENGELHARDT, MD 09-23-02
8966 US HIGHWAY 231
WETUMPKA, AL 36092

RE: CLACKER, DEBRA
DOB: 11-26-54
PATIENT NO: 62992
EXAM: BILATERAL MAMMOGRAM 09-23-02
REASON FOR EXAM: RIGHT NIPPLE DISCHARGE

BILATERAL MAMMOGRAM:
This is a baseline study. Two views were obtained of each breast. The breasts are very dense, limiting sensitivity of the study. I see no evidence of a dominant mass, cluster of malignant appearing calcifications, or areas of architectural distortion. A small benign appearing calcification is noted on the left.

IMPRESSION:
1. No mammographic evidence of malignancy. Recommend routine mammographic follow-up unless clinically indicated sooner. ACR CAT. II (Benign).
2. With persistent nipple discharge, especially if this is serous or bloody, consider a galactogram for further evaluation (not available at this facility).

EP VINING, MD

EPV/ lgh

525 S. Lawrence Street • P.O. Box 4117 • Montgomery, AL 36103 • 334/262-7226
Toll Free 1-800-844-SCAN

CHC

CORRECTIONAL HEALTH CARE

DENTAL RECORD

Services Rendered

Date	Tooth #	Diagnosis	Treatment	Initials	Class
11-10-93	5	Calculus	Pt c̄ C/C of sore gums around a tooth. Calculus B-L around #5, suggested PSR prophy.	D.	Walker
1-21-94	14	MO Caries	1 carp. 2% lido c̄ 1x10⁵ epi. Ext. / MO. Dycal amalgam	D.W.	
3/22/94			Sche. for prophy had to resch because she needs to have anesthesia	[illegible]	MS
4-17-94			2 carp. Marcaine 1 carp 2% lido c̄ 1X10⁵ epi ~~[illegible]~~ Scale & Polish	D.W.	
CMS 1-4-96	10	Root tip	Dave 1 carp 2% Lido c̄ 1X10⁵ epi Ext root tip #10 c̄ diff POI Rx - Motrin	D.W.	
1-8-96			Scale maxillary right posterior PSR for oper	D.W.	
10-27-99			PAX #29 PX op	[illegible]	
11-1-99	29	DO	Composite, 1.8cc Lido 2% c̄ epi 1/10⁵	[illegible]	
3-20-00			Zoreson & Cepalite placed Facial 5 & 6	[illegible]	
3-22-00	20	DO	Amalgam, dycal 1.8cc Lido 2% c̄ Epi 1/10⁵	[illegible]	
12-23-02			Pt C/O soreness around left ear radiating down the mandible. Possible TMJ. will send to [illegible] for panorex.	[illegible]	
2/6/03			Panorex was taken	[illegible]	
2-26-03	13		1.8cc (x2) lido 2% c̄ epi 1/10⁵ Ext c̄ diff, POI given	[illegible]	
3/21/03					
4-9-03			no show	[illegible]	
5/14/03	12	DO	Inmate wants to R/S	[illegible]	
4/19/04	3	Irr pulp	1x2% lidocaine 1:100k. #12 - DO - Amg POI - [illegible]		
			1.8 2% lido Epi 1:100k, 1.8 3% Carbocaine Ext #3 No complic. POI + Med ~ [illegible]		
5/27/04	14	Irr pulp	1.8cc 2% lido epi 1:100k; 1.8cc 3% Carbocaine Ext #14 w/ diff. POI + meds	[illegible]	

Patients Last Name | First | Middle | DOB

PHS0365

INMATE REQUEST SLIP

Name Debra Clackler Quarters 10A-11B Date 4/18/05

AIS # 159516

( ) Telephone Call ( ) Custody Change ( ) Personal Problem

( ) Special Visit ( ) Time Sheet (✓) Other Medication

Briefly Outline Your Request - Then Drop In Mail Box

Ms. Jones,

I saw Dr. Peasant on 4/12/05. He ordered some Metamucil for me. I have been unable to get it, because it is not on the book at the pill line. Would you please check on this for me.

Thank you,
Debra Clackler

Do Not Write Below This Line - **For Reply Only**

5/18/05
There is an order for meta-mucil - Report to pill line

J. Bayliss

Approved Denied Pay Phone Collect Call

Request Directed To: (Check One)

( ) Warden ( ) Deputy Warden ( ) Captain

( ) Classification Supervisor ( ) Legal Officer - Notary Public ( ) Record Office

RECEIVED
APR 19 2005

N176

PHS0366

PRISON HEALTH SERVICES
MEDICAL COMPLAINT FORM

Clackler, Debra	159516	D11 - B 60B	9/3/04
NAME	AIS #	UNIT	DATE

This complaint is to be completed with as few words as possible to identify the problem. Additional pages attached to this form will not be accepted.

PART A---INMATE REQUEST

I have been having abdominal pains, constipation, bloating and nausea for 5 months. The abdominal pain, nausea and bloating occurs shortly after eating and lasts for hours. They have treated the symptoms, but still haven't determined the source of the abdominal pain. The tumor on my left side has grown, and I frequently feel a pulling sensation across my abdomen and down my left side. I have repeatedly signed up for this problem since April 6, 2004.

Debra Clackler
INMATE SIGNATURE

PART B –RESPONSE DATE RECEIVED

Dr. Eyestheldt is following you as appropriately

M. T. Wy HSA
MEDICAL STAFF SIGNATURE

9-22-04
DATE

IF YOU ARE UNSATISFIED WITH THE RESPONSE, YOU MAY FILE A MEDICAL GRIEVANCE USING THE PRISON HEATLH SERVICES GRIEVANCE FORM

	Y	N		Y	N
I Dissatisfied with Quality of Medical Care	☐	☐	VI Delay in Health Care Provided	☐	☐
II Dissatisfied with Quality of Dental Care	☐	☐	VII Problems with Medication	☐	☐
III Dissatisfied with Quality of Mental Health Care	☐	☐	VIII Request to be seen	☐	☐
IV Dissatisfied with Response to Non-Medical Request	☐	☐	IX Request for Off-site Specialty Care	☐	☐
V Conduct of Healthcare Staff	☐	☐	X Other	☐	☐

Prison Health Services
Inmate Informal Grievance

Debra Clackler | 159516 | Dorm 10A Bed 11B | April 28, 2005
NAME | AIS # | UNIT | DATE

PART A---Inmate Complainant

I am having pain in my abdomen and both sides. The pain is continuous and goes through my abdomen and into my back. When I saw Dr. Peasant on April 12, he prescribed metamucil and ~~[illegible]~~ ordered a sonogram and mammogram. When I went to pill line, I was told that they did not have any medication on the book for me. I still haven't heard anything about the sonogram or mamogram. Have the appointments been scheduled yet?

Debra Clackler
INMATE SIGNATURE

PART B –RESPONSE DATE RECEIVED 4-29-05

Ms. Clackler, We can not give the information that you request.

Marie Wright, RN HSA
MEDICAL STAFF SIGNATURE

4-29-05
DATE

If resolution has not occurred and you wish to file a formal grievance you may request a grievance form from the Health Services Administrator. Return the completed grievance form to the Health Service Administrator.

	Y	N		Y	N
I Dissatisfied with Quality of Medical Care	☑	☐	VI Delay in Health Care Provided	☑	☐
II Dissatisfied with Quality of Dental Care	☐	☐	VII Problems with Medication	☐	☐
III Dissatisfied with Quality of Mental Health Care	☐	☐	VIII Request to be seen	☐	☐
IV Dissatisfied with Response to Non-Medical Request	☐	☐	IX Request for Off-site Specialty Care	☑	☐
V Conduct of Healthcare Staff	☐	☐	X Other	☐	☐

Prison Health Services, Inc.

Inmate Grievance

Debra Gackler	159516	Dorm 12 Bed 47B	10-4-05
NAME	AIS #	UNIT	DATE

PART A---Inmate Grievance

I reported to pill line on 10-4-05 and took the INH. Nurse Robinson did not have the books and the medication was not recorded. When I questioned her, she wrote my name on a yellow post-it notepad and told me that she was doing her job. I told her that I was just doing what I was told to do, and Warden Albright told me to watch the nurse record the INH on the morr in the medical book. I would like for this information to be recorded. Warden Albright is aware of this.

Debra Gackler
INMATE SIGNATURE

PART B –RESPONSE DATE RECEIVED_____

I have spoken with the nurse about writing on your medication log when you take your medication. The medication will be logged for this day.

L Smith RN DON
P.H.S. Department Head Signature

10/19/05
DATE

If you wish to appeal this review you may request a Grievance Appeal form from the Health Services Administrator. Return the completed form to the attention of the; Health Service Administrator. You may place the form in the sick call request box or give it to the segregation sick call nurse on rounds.

RECEIVED
OCT 20 2005

H.S.A Selection:	Y	N		Y	N
I Dissatisfied with Quality of Medical Care	☐	☐	VI Delay In Health Care Provided	☐	☐
II Dissatisfied with Quality of Dental Care	☐	☐	VII Problems with Medication	☐	☐
III Dissatisfied with Quality of Mental Health Care	☐	☐	VIII Request to be seen	☐	☐
IV Dissatisfied with Response to Non-Medical Request	☐	☐	IX Request for Off-site Specialty Care	☐	☐
V Conduct of Healthcare Staff	☐	☐	X Other	☐	☐
Committee Review of Data Collection					

Prison Health Services, Inc.

Inmate Grievance

received 10-09-05

Debra Clackler | 159516 | Dorm 12-Bed 47B | 10-8-05
NAME | AIS # | UNIT | DATE

PART A---Inmate Grievance

I was transported back from Louisiana on March 25, 2005. Warden Albright told me that I was to get my medical problems resolved as soon as possible, so I would be able to go back to Louisiana. I have been repeatedly requesting medical attention since I arrived. I had surgery on June 24 to remove a lipoma from my left side, but I am still having problems with my bowels. Every time I request medical care, I am screened and told that my name will be put on the doctor's list, but I do not get to see the doctor. Would you please make me an appointment with the doctor, so I can get this problem resolved? I am having pain in my left side and abdomen. My upper abdomen is very tight and sore, and the soft area between my ribs on both sides is sore. All of my stomach is swollen, and my upper abdomen is distended. I get nauseated every time I eat. I also have a family history of colon cancer, and I know that these symptoms should not be taken lightly. Your help in this matter would be greatly appreciated.

Debra Clackler
INMATE SIGNATURE

PART B –RESPONSE

DATE RECEIVED

Seen on 10/5/2005 by Dr Englehardt. Have rescheduled to see MD again.

RN
P.H.S. Department Head Signature

10/24/2005
DATE

If you wish to appeal this review you may request a Grievance Appeal form from the Health Services Administrator. Return the completed form to the attention of the; Health Service Administrator. You may place the form in the sick call request box or give it to the segregation sick call nurse on rounds.

H.S.A Selection:	Y	N		Y	N
I Dissatisfied with Quality of Medical Care	☑	☐	VI Delay in Health Care Provided	☑	☐
II Dissatisfied with Quality of Dental Care	☐	☐	VII Problems with Medication	☐	☐
III Dissatisfied with Quality of Mental Health Care	☐	☐	VIII Request to be seen	☑	☐
IV Dissatisfied with Response to Non-Medical Request	☐	☐	IX Request for Off-site Specialty Care	☑	☐
V Conduct of Healthcare Staff	☐	☐	X Other	☐	☐

Committee Review of Data Collection

Prison Health Services, Inc.

Inmate Grievance

Debra Clackler	159516	Dorm 12 Bed 47B	10-24-05
NAME	AIS #	UNIT	DATE

PART A---Inmate Grievance

I spoke with you on 10-13-05 when you were at the annex. I am having problems with my bowels and need medical attention. I have requested medical care 4 times. Every time I was screened and told that they were putting my name on the doctor's list, but I have not seen the doctor yet. I am having continuous pain and swelling in my abdomen and in both sides in the soft area between my ribs. My bowels will not move without a laxative. I get nauseated after eating and everything I eat stops in my upper abdomen. When I had the lipoma surgery on 6-24-05, the doctor discovered that my heart rate had dropped to 40. He gave me some medication to increase my heart rate, so he could go ahead and do the surgery. I was told to make healthcare aware of this, so they could run some tests to determine the problem. I have also requested medical attention regarding this problem. When I spoke with you you said that you would put my name on Dr. Williams' list. I has been over a week, and I still have not seen Dr. Williams. Would you please check & make sure that my name is on Dr. Williams' list?

Debra Clackler
INMATE SIGNATURE

PART B –RESPONSE

DATE RECEIVED

Written response requested

Chart Reviewed placed on Dr. Williams list for 11/3/05

M Moore, RN, H.S.A.
P.H.S. Department Head Signature

11/2/05
DATE

If you wish to appeal this review you may request a Grievance Appeal form from the Health Services Administrator. Return the completed form to the attention of the; Health Service Administrator. You may place the form in the sick call request box or give it to the segregation sick call nurse on rounds.

H.S.A Selection:	Y	N		Y	N
I Dissatisfied with Quality of Medical Care	☑	☐	VI Delay in Health Care Provided	☑	☐
II Dissatisfied with Quality of Dental Care	☐	☐	VII Problems with Medication	☐	☐
III Dissatisfied with Quality of Mental Health Care	☐	☐	VIII Request to be seen	☑	☐
IV Dissatisfied with Response to Non-Medical Request	☐	☐	IX Request for Off-site Specialty Care	☑	☐
V Conduct of Healthcare Staff	☐	☐		☐	☐
Committee Review of Data Collection					

RECEIVED
OCT 24 2005

RECEIVED

11/03 – Alabama
Revised 5/16/05

PHS0371

LCS MEDICAL TRANSFER SUMMARY

FACILITY: SCCC

OFFENDER NAME: Debra Clackler DOC# 195516

DOB: 11·26·54 SS# 417-80-9985 RACE W SEX F

MEDICAL SUMMARY: Diagnosis, Current Treatment, Follow up appointments, etc.

Lipoma on Lt side, constipation

TB SKIN TEST
RESULTS & DATE (+) hx tb tx meds 2003

ALLERGIES: codeine

DIET: Bland

CURRENT MEDICATION & DOSAGE:
Tagamet 400mg BID
Dulcolax ii pro
Colace 100mg ii BID

CURRENT MENTAL HEALTH STATUS:

Stable - OK to travel

3/24/05 Barnes
Date Name and Title of Staff Member Completing Form

RECEIVED
APR 27 2006

LCS CORRECTIONS SERVICES, INC.

Medication Administration Record

Facility: DLCC Month: March Year: 2005

START DATE	STOP DATE	INT	DRUG-DOSE MODE-INTERVAL
12/04	RF PRN		Celace 100mg tipo qhs
05/14/0			Tegamet 400mg tipo bid
			Dulcolax tait po qhs

HR: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

DC - Discontinue R - Refused NS - No Show C - Court O - Other

ALLERGIES:	D.O.B. / Offender #	LOCATION:	NAME:
Codeine	11-26-54 139516	Tiger	Clackler, Debra

PHS0373

LCS CORRECTIONS SERVICES, INC.

PATIENT AUTHORIZATION TO RELEASE MEDICAL INFORMATION

TO: _____
Name of Person or Class of Persons Authorized to Make Disclosure

PATIENT NAME: _____
DATE OF BIRTH: _____

RELEASE TO: REPRESENTATIVES OF: LCS CORRECTIONS, SERVICES, INC.

INFORMATION REQUESTED: I request and authorize the above-named person or class of persons to release the information specified below to representatives of **LCS CORRECTIONS SERVICES, INC.** Any and all records regarding treatment of: _____ including but not limited to:

1. Copy of complete chart, progress notes & interview notes, discharge summaries, operative reports, x- ray & all imagery, laboratory tests, pathology tissue, and all diagnostic studies whether in electronic data or other format.
2. Billing records

PURPOSE(S) OR NEED FOR WHICH INFORMATION IS TO BE USED:

CERTIFICATION: I certify that this request has been made voluntarily and that the information given above is accurate to the best of my knowledge. I understand that I may revoke this Authorization at any time, provided that revocation is in writing, except to the extent that action has already been taken in reliance this Authorization. I understand that the doctor, health care provider, or health plan from whom my medical information is requested in this Authorization, may not condition treatment, payment, enrollment or eligibility for benefits on whether I sign this authorization. I understand the potential for the information disclosed pursuant to this Authorization to be subject to redisclosure by the recipient and no longer be protected by the Standards for Privacy of Individually Identifiable Health Information, set forth at 45 CFR Parts 160 and 164.

EXPIRATION:
CHECK ONE:

[ ] This Authorization will automatically expire upon conclusion of the litigation now Pending.

[ ] This Authorization will automatically expire in one (1) Calendar year from the date Affixed with signature.

[ ] This Authorization shall be effective until: _____

OTHER CONDITIONS:

_√_ A copy of this Authorization or my signature thereon shall be used with the same effectiveness as an original.

_√_ Communications between provider and any representative of LCS, Corrections Services, Inc. are authorized.

SIGNATURE OF PATIENT: _____

OR PERSON AUTHORIZED TO SIGN FOR PATIENT:* _____

_____ _____
(DATE) *(PRINT OR TYPE NAME)*

RECEIVED
APR 27 2006

LCS CORRECTIONS SERVICES, INC.

BASIC OFFENDER PHYSICAL EXAMINATION / HEALTH SCREEENING

DATE: 10-21-04

OFFENDER: Debra Chockley DOC#: 159516 DOB: 11-24-54 SEX: F RACE: W

TESTING: T.B.: _____ OTHER: _____

GENERAL: B.P.: 124/60 PULSE: 90 RESP: 18 TEMP: 98.4 HEIGHT: 5'6" WEIGHT: 153

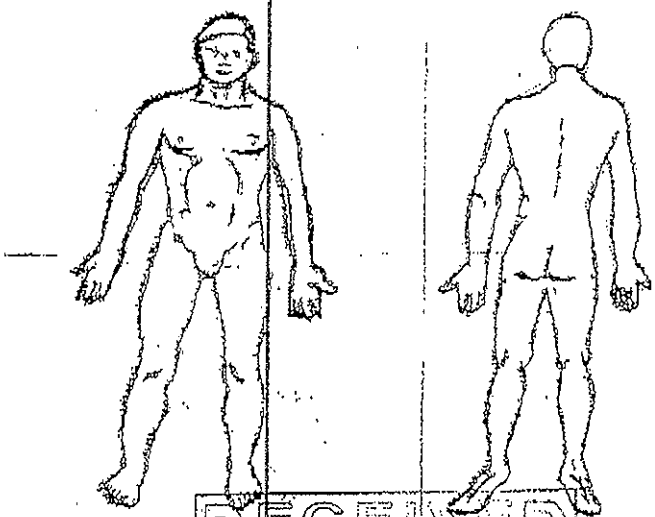
1. DO YOU NOW OR HAVE YOU EVER HAD ANY OF THE FOLLOWING AILMENTS? *(CHECK YES OR NO)*

AILMENT	Y	N	AILMENT	Y	N	AILMENT	Y	N
Head Injury		✓	Stomach Problems		✓	Cancer		✓
Headaches		✓	Hernia		✓	Operations gall bladder 88	✓	
Epilepsy		✓	Broken Bones /Fractures		✓	Skin Disorders		✓
Defective Hearing		✓	Joint Injuries		✓	Communicable Diseases		✓
Sinus Problems		✓	Physical Deformities		✓	Mental Illness		✓
Surgical Removal of disk or spinal infusion		✓	Diabetes (Medication: Yes____ No____)		✓	Drug Addiction		✓
TB, Asthma, Emphysema		✓	Hemophilia		✓	Alcoholism		✓
Heart Trouble		✓	Arteriosclerosis		✓	Polio (poliomyelitis)		✓
Dizziness / Blackouts		✓	Cataracts / Glaucoma		✓	Dental Problems		✓
High Blood Pressure		✓	Back or Neck Injury	✓	✓	Other:		✓
Stroke		✓	Thrombophlebitis		✓			

Explain all "YES" answers. Please use back of form to give further explanation and details.

LEVEL OF CONSCIOUSNESS	
Pupils	PERRLA
Heart	S1+S2 auscultation
Lungs	BBS
Abdomen	(+) BS X4
Deformities	-0-
Skin	WNL
Other	

ILLUSTRATE ON THE DIAGRAM(S) THE POSITION OR PLACE OF INJURY IF ANY:



REFERRAL MADE:

☒ YES ☐ NO ☐ N/A

REFERRAL NEEDED:

☒ PHYSICIAN ☐ DENTAL ☐ MENTALHEALTH

☐ ROUTINE SICK CALL

☐ EMERGENCY SICK CALL

☐ NONE

PHYSICIAN / MEDICAL STAFF REMARKS / RECOMMENDATIONS: _____

EXAMINING MEDICAL STAFF: M. Diggs LPN

PHYSICIAN SIGNATURE: _____

DATE: 10-21-04

D/W V

LCS IMMUNIZATION RECORD

NAME: Debra Charles OFFENDER# _____

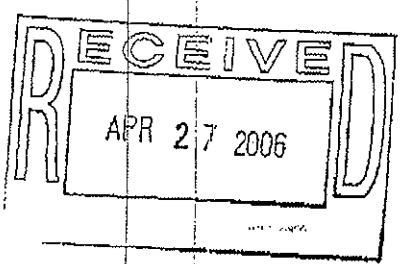
ALLERGIES: Codeine DOB 11-26-54

PPD

DATE GIVEN	NURSING SIGNATURE	DATE READ	RESULTS	NURSING SIGNATURE
9-10-03	CXR (+)	by todmod	2003	

TETANUS

DATE	DOSE	NURSES SIGNATURE



Codeine

LCS CORRECTIONS SERVICES, INC.

DOCTOR'S ORDERS SHEET

Offender Name: Clackley, Debra DOC#:

Date / Time	Allergies:
11/24/04	NL has a Lipoma
	(L) side
	D/c Reglan
	Robaxin D/c Dulcolax
	Large Lipoma D/c Colace
	[illegible signature]
	m Dugas LPN
2-11-05	C/o Abdominal pain
	acute abdomen
	(1) Tagamet [illegible]
	(2) [illegible] Dulcolax [illegible]
	NKA #30
	[illegible signature]

RECEIVED APR 27 2006

DWV

LCS CORRECTIONS SERVICES, INC.

Offender Request

FACILITY: SLCC

TO: Dr. Tasson DATE: 3/17/05

(Person to whom request is to be sent)

NATURE OF REQUEST
MEDICAL ☑ OTHER ☐ ____________ (state nature of request)
REQUEST TO OFFICIAL ☐

OFFENDER NAME Debra Clackler OFFENDER # A159516

HOUSING ASSIGNMENT Tiger 4 Bed 6

DETAILS OF REQUEST (Briefly state nature or reason for request):
Lipoma in left side. Pain in left side and abdomen. Constipation. I would like to see an outside doctor. The pain is getting worse every day. I cannot have a bowel movement without a laxative. The glands in the left side of my neck are also swollen and throbbing. After eating, even the smallest amount, the tightness and pain in my left side is almost unbearable for hours.

OFFICIAL USE ONLY

DATE: 3/18/05 TIME: ______

REQUEST IS: ( ) Approved ( ) Denied (✓) Handled

Request is forwarded to: Phoned Lynn Brown - Reg Admin

Comments: @ Tutwiler, reported Cond. Phoned & spoke to Marion Wright - Health Admin @ Tutwiler - cond of lipoma & c/o pain re-ported. She will Conduct the Dr there & return my call as to tx or resolution of current problem — M. Mahe

NOTE: All requests shall be forwarded to the proper official who shall fully answer/handle the request. A copy of the completed Form shall be sent to the offender, the original shall be placed in the Offender File.

RECEIVED
APR 27 2006

PHS0378

SICK CALL SHEET
MEDICAL CO-PAYMENT SHEET

FACILITY: SLCC

NAME: Debra Clackler DOC#/ DOB: A 159516/11-26-54 DORM: Tiger 4 Bed 6

SICK CALL: ✓ EMERGENCY: ___ ACCIDENT: ___ FIGHT: ___ USE OF FORCE: ___ OTHER: ___

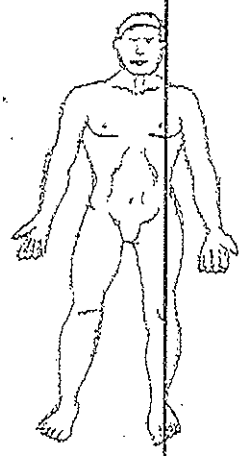
DATE OF INCIDENT: 2/6/05 TIME: _____ PLACE: _____

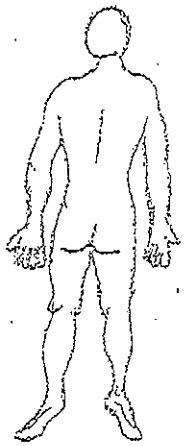
COMPLAINT: Constipation and pain and swelling in left side and upper abdomen. I would like a laxative as needed.

FINDINGS:

S:

Illustrate on the diagram(s) the position or place of injury, if any:





O:

A: On MD clo list

P:

NAME OF M.D. NOTIFIED, IF NECESSARY: _____

M.D. NOTIFICATION DATE: _____ & TIME: _____ (IF APPLICABLE)

MEDICAL ACCESS FEE: $ 5.00 _____

PRESCRIPTIONS: ____X $ 4.00 _____

_____

OTHER: _____

_____

TOTAL $ _____

RECEIVED
APR 27 2006

I UNDERSTAND THAT IN ACCORDANCE WITH DEPT. REG. NO. B-08-001, I WILL BE CHARGED $5.00 FOR EACH SELF-INITIATED REQUEST FOR MEDICAL, DENTAL, AND MENTAL HEALTH SERVICES AND $4.00 FOR EACH NEW PRESCRIBED WRITTEN AND DISPENSED TO ME, WITH THE EXCEPTIONS NOTED IN THE REFERENCED REGULATIONS. I AM AWARE THAT IF I DECLARE SELF A MEDICAL EMERGENCY AND THE MEDICAL STAFF FINDS THAT AN EMERGENCY DOES NOT EXIST, I CAN BE GIVEN A DISCIPLINARY REPORT FOR MALINGERING OR AGGRAVATED MALINGERING.

Debra Clackler
INMATE'S SIGNATURE

2/16/05
DATE

_____
MEDICAL SIGNATURE

SICK CALL SHEET
MEDICAL CO-PAYMENT SHEET

FACILITY: SLPC

NAME: Debra Clackler DOC# DOB: A159516/11-26-54 DORM: Tiger 3 Bed 6

SICK CALL: ✓ EMERGENCY: ___ ACCIDENT: ___ FIGHT: ___ USE OF FORCE: ___ OTHER: ___

DATE OF INCIDENT: 12-19-04 TIME: _____ PLACE: _____

COMPLAINT: I have a toothache and need this tooth pulled.

FINDINGS:

S:

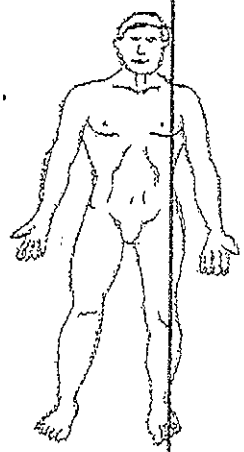
Illustrate on the diagram(s) the position or place of injury, if any:

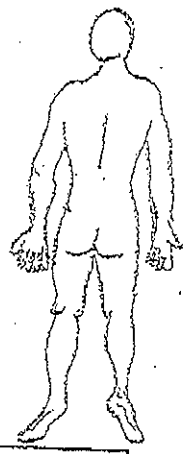
O:

added to dental
12-20-04

A:

P:





NAME OF M.D. NOTIFIED, IF NECESSARY: _____

M.D. NOTIFICATION DATE: _____ & TIME: _____ (IF APPLICABLE)

MEDICAL ACCESS FEE: $ 5.00 _____

PRESCRIPTIONS: _____X $ 4.00 _____

_____

OTHER: _____

TOTAL $ _____

RECEIVED
APR 27 2006

UNDERSTAND THAT IN ACCORDANCE WITH DEPT. REG. NO. B-06-001, I WILL BE CHARGED $5.00 FOR EACH SELF-INITIATED REQUEST FOR MEDICAL, DENTAL, AND MENTAL HEALTH SERVICES AND $4.00 FOR EACH NEW PRESCRIBED WRITTEN AND DISPENSED TO ME, WITH THE EXCEPTIONS NOTED IN THE REFERENCED REGULATIONS. I AM AWARE THAT IF I DECLARE MYSELF A MEDICAL EMERGENCY AND THE MEDICAL STAFF FINDS THAT AN EMERGENCY DOES NOT EXIST, I CAN BE GIVEN A DISCIPLINARY REPORT FOR MALINGERING OR AGGRAVATED MALINGERING.

Debra Clackler
INMATE'S SIGNATURE

12-19-04
DATE

MEDICAL SIGNATURE

SICK CALL SHEET
MEDICAL CO-PAYMENT SHEET

FACILITY: SLCC

NAME: Debra Clackler DOC#/ DOB: A159516/11-26-54 DORM: Tiger 3 Bed 6

SICK CALL: ✓ EMERGENCY: ___ ACCIDENT: ___ FIGHT: ___ USE OF FORCE: ___ OTHER: ___

DATE OF INCIDENT: 12-6-04 TIME: _____ PLACE: _____

COMPLAINT: I need an eye exam and new glasses

FINDINGS:

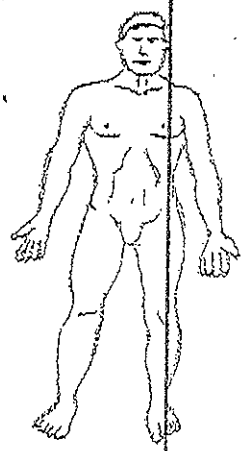
S:

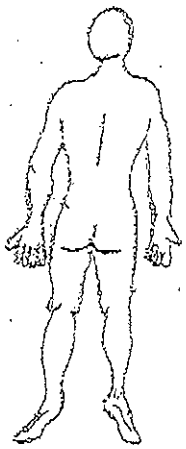
Illustrate on the diagram(s) the position or place of injury, if any:

O: already on eye list

A: Colace 100mg PO qhs

P: ~~Dulcolax 5mg PO qhs~~





NAME OF M.D. NOTIFIED, IF NECESSARY: _____

M.D. NOTIFICATION DATE: _____ & TIME: _____ (IF APPLICABLE)

MEDICAL ACCESS FEE: $ 5.00 _____

PRESCRIPTIONS: _____X $ 4.00 _____

_____

OTHER: _____

_____

TOTAL $ _____

RECEIVED
APR 27 2006

UNDERSTAND THAT IN ACCORDANCE WITH DEPT. REG. NO. B-06-001, I WILL BE CHARGED $5.00 FOR EACH SELF-INITIATED REQUEST FOR MEDICAL, DENTAL, AND MENTAL HEALTH SERVICES AND $4.00 FOR EACH NEW PRESCRIBED WRITTEN AND DISPENSED TO ME, WITH THE EXCEPTIONS NOTED IN THE REFERENCED REGULATIONS. I AM AWARE THAT IF I DECLARE OF SELF A MEDICAL EMERGENCY AND THE MEDICAL STAFF FINDS THAT AN EMERGENCY DOES NOT EXIST, I CAN BE GIVEN A DISCIPLINARY REPORT FOR MALINGERING OR AGGRAVATED MALINGERING.

Debra Clackler
INMATE'S SIGNATURE

12-6-04
DATE

_____
MEDICAL SIGNATURE

SICK CALL SHEET

MEDICAL CO-PAYMENT SHEET

FACILITY: SLCC

NAME: Debra Blackler DOC# DOB: A159516 / 11-26-54 DORM: Tiger 3 Bed 6

SICK CALL: ✓ EMERGENCY: ___ ACCIDENT: ___ FIGHT: ___ USE OF FORCE: ___ OTHER: ___

DATE OF INCIDENT: 11-24-04 TIME: _____ PLACE: _____

COMPLAINT: Please put my name on the list to see an outside doctor to have the lipoma surgically removed. I can no longer stand the tightness and pulling in my left side.

FINDINGS:

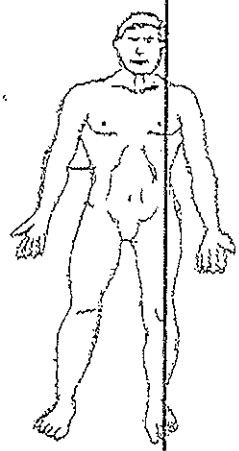
S:

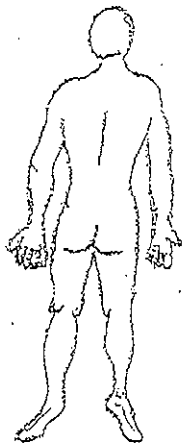
Illustrate on the diagram(s) the position or place of injury, if any:

O:

A: has been seen by PA Tassin & referred to UMC.

P:





NAME OF M.D. NOTIFIED, IF NECESSARY: _____

M.D. NOTIFICATION DATE: _____ & TIME: _____ (IF APPLICABLE)

MEDICAL ACCESS FEE: $ 5.00 _____

PRESCRIPTIONS: _____X $ 4.00 _____

OTHER: _____

_____

TOTAL $ _____

RECEIVED
APR 27 2006

I UNDERSTAND THAT IN ACCORDANCE WITH DEPT. REG. NO. B-06-001, I WILL BE CHARGED $5.00 FOR EACH SELF-INITIATED REQUEST FOR MEDICAL, DENTAL, AND MENTAL HEALTH SERVICES AND $4.00 FOR EACH NEW PRESCRIBED WRITTEN AND DISPENSED TO ME, WITH THE EXCEPTIONS NOTED IN THE REFERENCED REGULATIONS. I AM AWARE THAT IF I DECLARE MYSELF A MEDICAL EMERGENCY AND THE MEDICAL STAFF FINDS THAT AN EMERGENCY DOES NOT EXIST, I CAN BE GIVEN A DISCIPLINARY REPORT FOR MALINGERING OR AGGRAVATED MALINGERING.

INMATE'S SIGNATURE

11:25:04
DATE

Andrea Entrekin
MEDICAL SIGNATURE

SOUTH LOUISIANA CORRECTIONAL CENTER

INMATE REQUEST FOR ASSISTANCE

TO: Medical staff (PERSON TO WHOM REQUEST IS TO BE SENT) DATE: Oct. 18, 2004

NATURE OF REQUEST: Eye care needs.

INMATE NAME Clackler, Debra D.O.C.# A159516

HOUSING ASSIGNMENT Tiger 3 Bed 6

Request will not be processed unless above is filled out completely

DETAILS OF REQUEST:

I need an eye exam and new glasses.

Debra J. Clackler
SIGNATURE OF INMATE

OFFICE USE ONLY

DATE: TIME:

REQUEST IS: [ ] APPROVED [ ]DENIED [ ] HANDLED

COMMENTS put on list 10-20-04 M Dupuis

CLASSIFICATION RECORD

Booked D.B. Record G.T.D.- F.T.D.- D.O.B.

P.O.C.

RECEIVED APR 27 2006

CORRECTIONS SERVICES, INC.
SICK CALL SHEET
MEDICAL CO-PAYMENT SHEET

FACILITY: SLCC

NAME: Debra Clackler DOC#/ DOB: A159516 / 11-2-54 DORM: Tiger 3 Bed 16

SICK CALL: ✓ EMERGENCY: ___ ACCIDENT: ___ FIGHT: ___ USE OF FORCE: ___ OTHER: ___

DATE OF INCIDENT: 11-11-04 TIME: _____ PLACE: _____

COMPLAINT: I can't rest at night due to pain in my left side. Could you please give me something to help me rest?

FINDINGS:

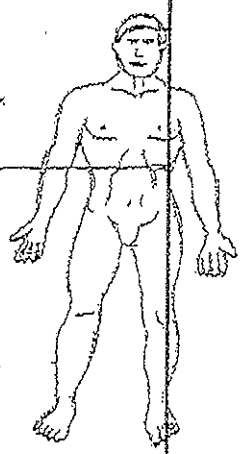
S: I/M refused all meds

Illustrate on the diagram(s) the position or place of injury, if any:

O: Dr. rounds

A: ___

P:



NAME OF M.D. NOTIFIED, IF NECESSARY: _____

M.D. NOTIFICATION DATE: _____ & TIME: _____ (IF APPLICABLE)

MEDICAL ACCESS FEE: $ 5.00 _____

PRESCRIPTIONS: _____X $ 4.00 _____

_____

OTHER: _____

TOTAL $ _____

RECEIVED
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I UNDERSTAND THAT IN ACCORDANCE WITH DEPT. REG. NO. B-06-001, I WILL BE CHARGED $5.00 FOR EACH SELF-INITIATED REQUEST FOR MEDICAL, DENTAL, AND MENTAL HEALTH SERVICES AND $4.00 FOR EACH NEW PRESCRIBED WRITTEN AND DISPENSED TO ME, WITH THE EXCEPTIONS NOTED IN THE REFERENCED REGULATIONS. I AM AWARE THAT IF I DECLARE SELF A MEDICAL EMERGENCY AND THE MEDICAL STAFF FINDS THAT AN EMERGENCY DOES NOT EXIST, I CAN BE GIVEN A DISCIPLINARY REPORT FOR MALINGERING OR AGGRAVATED MALINGERING.

INMATE'S SIGNATURE _____ DATE _____ MEDICAL SIGNATURE _____

~~Doctors Scrip~~

SICK CALL SHEET
MEDICAL CO-PAYMENT SHEET

FACILITY: SLCC

NAME: Debra Clackler DOC#/ DOB: A159516/ 11-26-54 DORM: Tiger 3

SICK CALL: ✓ EMERGENCY: ___ ACCIDENT: ___ FIGHT: ___ USE OF FORCE: ___ OTHER: ___

DATE OF INCIDENT: 11-3-04 TIME: _____ PLACE: _____

COMPLAINT: I have fluid-filled fibroid cysts in both breast. My last mammogram was on July 2003. They recommended that I have another one in 6 months. Would you please schedule me for a mammogram?

FINDINGS:

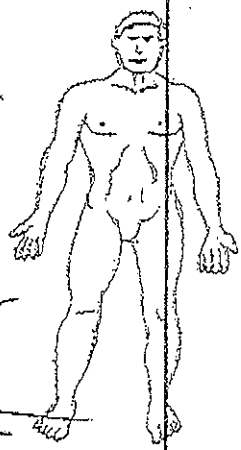
S:

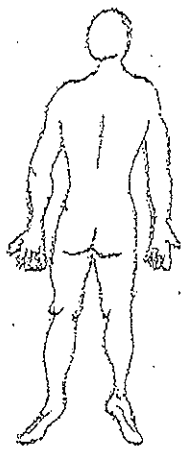
O:

A: Inmate related no HX above during intake Screening and denied having medical screen done

P:

Illustrate on the diagram(s) the position or place of injury, if any:





NAME OF M.D. NOTIFIED, IF NECESSARY: ~~MD Sattar~~

M.D. NOTIFICATION DATE: _____ & TIME: _____ (IF APPLICABLE)

MEDICAL ACCESS FEE: $ 5.00

PRESCRIPTIONS: ___X___ $ 4.00

OTHER:

TOTAL $ 10

RECEIVED
APR 27 2006

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Debra Clackler
INMATE'S SIGNATURE

11-3-04
DATE

J. Powers LPN
MEDICAL SIGNATURE

PHS0385

LCS MEDICAL AND DENTAL HISTORY

FACILITY: _____

NAME: Debra Chackler AGE: _____

DOC#: 159516 DOB: 11-20-54 RACE: W SEX: F

S.S.# 417-80-9985

Current Medical Problems: Knot on R Side of Stomach

Medications: Reglan 10mg bid Colace 100mg bid

Disease: NO

Recent Surgery: NO

Recent Accidents: NO

Communicable Diseases: NO

Any Risk of Pregnancy: NO

Attempted Suicide: NO

Alcohol or Drug ~~Abuse~~ Abuse: NO

Mental Health Problems: NO

Mental Condition: alert & coherent

Do You Wear any Prosthetic Dental Appliances: NO

When was Your Last Visit to the Dentist: last year

Have You Ever Had Any Teeth Filed or Removed: yes

Ever Had Bleeding Gums: NO

Do You Have Any Dental Complaints At This Time: yes - two teeth filled

Have You Ever Seen An Eye Doctor - If Yes Why: yes - 15 years ago

Were You Issued A Prescription For Corrective Eye Wear: yes

What Type OF Eye Wear Are You Currently Using: glasses

Description & Condition of Eye Wear: _____

Comments: _____

RECEIVED

Debra Chackler 10-21-04
Offender Signature and Date

RN Diaz RN 10-21-04
Staff Signature and Date

PHS0386

LCS MEDICATION ADMINISTRATION RECORD

FACILITY: SLCC MONTH: Feb YEAR: 2005

START DATE	STOP DATE	INT	DRUG-DOSE MODE-INTERVAL
12/7/04	RF PRN		Colace 100mg 1 tab po q hs
1/7/05			Protonix 40mg 1 tab po bid until denied
2/14/05			Tagamet 400mg 1 tab po bid
8/12/05			Dulcolax 10mg 1 tab po q hs PRN

HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
4	NO	NO	NO	LP	JA	JA	NO	VB	NO	NO	NO	VB	VB	NS	NO	NS	NS	NS	NS	NS	NS	NS	NS	NSR	NS	NS	NS	NS		
8	NS	NS	DR'd went on dental trip																											
4	NS																													
8														–	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS		
4													–	NS	NO	NS	NS	NS	NS	NS	NS	NS	NO	NS	NS	NS	NS				
4													–	NS	NO	NS	NS	NS	NS	NS	NS	NS	NO	NS	NS	NS	NS				

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DC – Discontinue R – Refused NS – No Show C – Court O – Other

ALLERGIES:	D.O.B. / DOC#:	LOCATION:	NAME:
Codeine	11.26.54 159511a	Tiger	Clackler, Debra

PHS0387

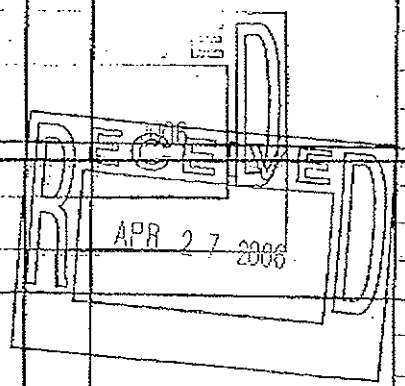
LCS MEDICATION ADMINISTRATION RECORD

FACILITY: SCC MONTH: Jan YEAR: 2005

PHS0388

START DATE	STOP DATE	INT	DRUG-DOSE MODE-INTERVAL
12/1/04			Celebrex 100mg 1i PO qhs
1/7/05		V	Morphine 4-10mg PO BID PRN until dental trip

HR 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31



DC – Discontinue R – Refused NS – No Show C – Count O – Other

ALLERGIES:	D.O.B. / DOC#:	LOCATION:	NAME:
CODEINE	11-26-54 159516	Tiger ALA	Chandler, Debra

LCS MEDICATION ADMINISTRATION RECORD

CILITY: _____ MONTH: Dec YEAR: 2004

ART TE	STOP DATE	INT	DRUG-DOSE MODE-INTERVAL	HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
			Cafaco 150mg 1 tab po qhs	4	→	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS
			Eyeglasses		ISSUED ON 18-12-04 M. Duggins																																

RECEIVED
APR 27 2006

DC – Discontinue R – Refused NS – No Show C – Court O – Other

ALLERGIES:	D.O.B. / DOC#:	LOCATION:	NAME:
	11-26-54	H 26 54 Tier	Clackler, Debra

LCS MEDICATION ADMINISTRATION RECORD

FACILITY: South Louisiana Correctional Center MONTH: NOV YEAR: 2004

START DATE	STOP DATE	INT	DRUG-DOSE MODE-INTERVAL	HR 1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
10/15/04	RF PRN		Reglan 10 mg 1 po bid	8 NS	NS	/	D/C'd 11.2.04																											
				4 NS	/																													
			Ducolax 5mg 11 qhs. PRN	4 NS	/		D/C'd 11.2.04																											
			Colace 100mg 11 po bid	8 NS	NS	/	D/C'd 11-2-04																											
				4 NS	/																													

RECEIVED
APR 27 2006

DC – Discontinue R – Refused NS – No Show C – Court O – Other

ALLERGIES: Codeine

D.O.B. / DOC#: 11.26.54

LOCATION: Tiger

NAME: Clackler, Debra

PHS0390

LCS MEDICATION ADMINISTRATION RECORD

FACILITY: South Louisiana Correctional Center MONTH: _____ YEAR: 2004

START DATE	STOP DATE	INT	DRUG-DOSE MODE-INTERVAL	RR
			Reglan 10mg 1 po BID	8 / 4
			Dulcolax 5mg 11 Q HS PRN	11
			Colace 100mg 11 po BID	8 / 4
tot. 10/11	11/17		Mag Citrate Tues. & Fri. x 30 days	3

RECEIVED
APR 27 2006

DC – Discontinue R – Refused NS – No Show C – Court O – Other

ALLERGIES: Codeine

D.O.B. / DOCR: 1-59-51

LOCATION:

NAME: Clackler, Debra

LCS MENTAL HEALTH QUESTIONNAIRE

OFFENDERS NAME: Debra Clackler NUMBER: _____

ALLERGIES: Codeine DOB: 11-26-54

1. HAVE YOU EVER BEEN TREATED FOR A MENTAL ILLNESS OR CONDITION?
(IF YES WHEN AND WHERE) NO

2. HAVE YOU EVER BEEN HOSPITALIZED FOR A MENTAL CONDITION OR ILLNESS?
NO

3. ARE YOU PRESENTLY ON MENTAL HEALTH MEDICATION? NO
MEDS: _____

4. HAVE YOU EVER ATTEMPTED SUICIDE? NO HOW? _____
HOW MANY TIMES? _____ LAST TIME? _____

5. DO YOU STILL THINK ABOUT ATTEMPTING SUICIDE? NO
FREQUENTLY? _____ HOW WOULD YOU DO IT? _____

6. HAS ANYONE IN YOUR FAMILY COMMITTED SUICIDE? NO

7. DO YOU DRINK? NO WHAT? _____ HOW MUCH? _____
HOW OFTEN? _____ DO YOU DRINK TIL YOU ARE DRUNK? _____

8. DO YOU USE DRUGS? NO WHAT? _____
HOW MUCH? _____ HOW OFTEN? _____

9. EVER BEEN TREATED FOR DRUGS/ALCOHOL ABUSE? N/A
WHERE? _____

10. WHAT IS THE LAST GRADE YOU COMPLETED IN SCHOOL? 2 yrs College
SPECIAL EDUCATION OR SLOW LEARNERS CLASSES? NO
DO YOU READ AND WRITE ENGLISH? yes ANY OTHER LANGUAGE? NO

11. EVER BEEN CONVICTED OF A VIOLENT CRIME? yes WHAT? murder
_____ WHERE? Ala.

12. EVER BEEN CONVICTED OF A SEXUALLY RELATED CRIME? NO
WHAT? _____ WHERE? _____

13. DO YOU HAVE ANY OTHER MENTAL PROBLEM THAT YOU HAVE NOT TOLD ME ABOUT? NO

REFERRAL: ~~GENERAL POPULATION~~ MENTAL HEALTH EMERGENCY CARE
(REFERRAL COMPLETED?

M. Dugas LPN 10.21.04
MEDICAL STAFF SIGNATURE DATE

PHS0392

MEDICAL CO-PAYMENT SHEET

FACILITY: SLCC

NAME: Debra Ackler DOC#/ DOB: A159516/ 11-24-54 DORM: Tiger 4 Bed 6

SICK CALL: ✓ EMERGENCY: ___ ACCIDENT: ___ FIGHT: ___ USE OF FORCE: ___ OTHER: ___

DATE OF INCIDENT: Jan. 19, 2005 TIME: _____ PLACE: _____

COMPLAINT: I am having tightness, soreness, and pain in my left side. I also have a lipoma on my left side. It is getting more + more difficult to have a bowel movement.

FINDINGS:

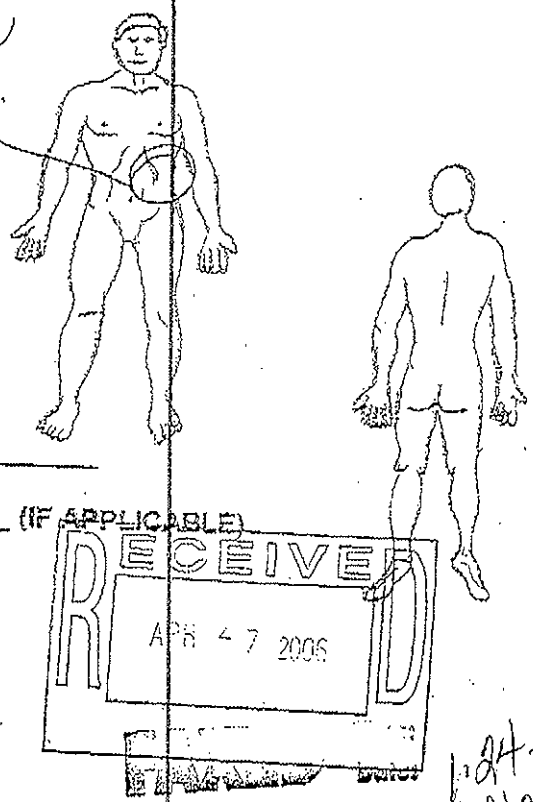
Illustrate on the diagram(s) the position or place of injury, if any:

S: lipoma about the

O: size of an orange

A: facilities physician

P: recommends surg. need to know what do we do?



NAME OF M.D. NOTIFIED, IF NECESSARY: _____

M.D. NOTIFICATION DATE: _____ & TIME: _____ (IF APPLICABLE)

MEDICAL ACCESS FEE: $ 5.00 _____

PRESCRIPTIONS: ___X $ 4.00 _____

_____

OTHER: _____

_____

TOTAL $ _____

RECEIVED
APR 4 7 2006

1-24-05 MHaggerty

I UNDERSTAND THAT IN ACCORDANCE WITH DEPT. REG. NO. B-06-001, I WILL BE CHARGED $5.00 FOR EACH SELF-INITIATED REQUEST FOR MEDICAL, DENTAL, AND MENTAL HEALTH SERVICES AND $4.00 FOR EACH NEW PRESCRIBED WRITTEN AND DISPENSED TO ME, WITH THE EXCEPTIONS NOTED IN THE REFERENCED REGULATIONS. I AM AWARE THAT IF I DECLARE MYSELF A MEDICAL EMERGENCY AND THE MEDICAL STAFF FINDS THAT AN EMERGENCY DOES NOT EXIST, I CAN BE GIVEN A DISCIPLINARY REPORT FOR MALINGERING OR AGGRAVATED MALINGERING.

Debra Ackler
INMATE'S SIGNATURE

Jan. 19, 2005
DATE

_____
MEDICAL SIGNATURE

DIET ORDER

OFFENDER NAME: Clackler, Debra NUMBER: AL-159516

DIET ORDERED: Bland

START DATE: 10.28.04 STOP DATE: indef

MEDICAL SIGNATURE: S/O Dr Tassin/M. Driggs LPN

****

DIET ORDER

OFFENDER NAME: Clackler, Debra NUMBER: 159516

DIET ORDERED: Regular Diet

START DATE: 11/2/04 STOP DATE: indef

MEDICAL SIGNATURE:

****

PHS0394

07/13/05 CLACKLER, DEBRA #106394 She comes to the office today for followup of excision of a large lipoma in her flank. On examination, the wound is healing nicely. I removed the Steri-Strips. She may resume normal activities and return to see me on an as needed basis. DMD/mpf